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C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

9.2.1.f C-A Experimental Safety Review Sheet for Radiobiology Users

C-A OPM Procedures in which this Attachment is used.

9.2.1		

Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
_____	_____	_____	_____
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Approved: _____
Collider-Accelerator Department Chairman Date

P. Cirnigliaro

C-A Experimental Safety Review Sheet for Radiobiology Users

This form must be completed by Responsible Person/Principal Investigator and returned with experimental proposal.
Instructions on rear of form.

1) Experiment ID:

Experiment # _____ C-A Location: **NSRL AGS** Planned Start Date: _____ Planned End Date: _____

2) Title of Experiment (by User):

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3) List Experimenters who will work at the C-A Experimental Beam line Areas :

First and Last Name	Affiliation (Role in Experiment)	Phone Number

4) List Potentially Hazardous equipment introduced by experiment (including electric equipment not UL approved or certified to meet National Electrical Code):

5) Institutional Review Board (IRB Review):

Are any human materials or data such as cells, blood, urine, tissue, organs, hair, and/or medical records *even if the researcher did not collect these materials* employed in this research? **Yes No**

If yes then BNL's Institutional Review Board must review and approve this experiment.

6) Special experiment waste (by User):

Clean Waste	Yes	No	Hazardous Waste	Yes	No	Radioactive Waste	Yes	No
Other Waste (biohazard, biomedical, etc.):								

7) Are there experimental samples or items that must be transported AWAY FROM BNL? Yes No

If yes then check all that apply and provide the requested information:

Radioactive samples or items (must arrange transportation through BNL Supply and Materials Group).

Describe samples or items:

Hazardous materials (must arrange transportation through BNL Supply and Materials Group).

Describe Samples or items:

Other samples or items that are non-radioactive AND non-hazardous (must arrange transportation through BNL Supply and Materials Group).

Describe Samples or items:

Samples or items to be transported by any other shipping method. Describe samples or items, the proposed shipping method, and explain why they CANNOT be shipped through a BNL group.

8) Highly Toxic Chemicals, Controlled Substances, Select Etiologic Agents, and Other Biological Agents Review: The use, transfer, and receipt of these agents must meet the DOE requirements. Complete pages 4 through 6 if applicable. Otherwise, indicate not applicable.

Name	Life Number	Address	Telephone
Signature:		Date:	

9) Experiment Spokesperson (by User):

Name	Life or Guest Number	Address	Telephone or pager
Signature:		Date:	

Instruction Summary

Item No.	Description
All	Do not leave any Blanks if not applicable, then write NA in the space. if Yes or No, circle the appropriate response.
3	Listing of Users. Indicate who will be in charge of the experiment (Responsible Person/Principal Investigator). Indicate any other Users who will work at C-A Department Complex.
4	Listing of Potentially Hazardous Equipment. Include: lasers, ovens, pumps, cryostats, pressure devices, vacuum devices, liquid or gas mixing systems, UV lamps, chemicals, high temperature devices, electrical devices, material handling devices, magnets, structures supporting heavy loads, compressed air or gas systems, rf or microwave devices, sound systems or noise greater than 85 dBA, welding or burning tools, translation tables , or equipment that may present a hazard.
6	Special Experiment Conditions: Indicate waste streams. Indicate if you will need to: work with exposed electrical terminals (working hot), block walkways, disable safety systems such as fire protection, emit gases or vapors from the experiment.
7	Please indicate the shipping information. Describe samples or items in terms of hazardous or radiological amounts (e.g., 1 cc formaldehyde, 1mCi ³ H, etc.).
8	An etiologic agent is a microbiological agent or its toxin that causes, or may cause, human or animal disease.
9	Responsible Person/Principal Investigator: Return this form with your experiment proposal. The C-A Department and Life Sciences Directorate will evaluate this initial information. Additional training, design review, or procedures may be required. This form should be completed by the Responsible Person or Principle Investigator.

Highly Toxic Chemicals, Select Etiologic Agents, and Other Biological Agents Form

In order to meet the requirements of the 1996 Anti-Terrorism Act and the new Patriot Act, all C-AD facility Users who perform, or intend to perform any activities (including storage) involving select agents, highly toxic chemicals, and other potentially infectious biological agents must complete this form with the most accurate information available and return it with the C-A Safety Review Sheet.

Select Agents information

Check any of the following select agents to be brought to C-AD facilities and indicate the concentration and quantity next to the checked item.

Select Agents:

Bacterial Agent	Concentration	Quantity	Bacterial Agent	Concentration	Quantity
<input type="checkbox"/> <i>Acinetobacter calcoaceticus</i> .			<input type="checkbox"/> <i>Leptospira interrogans</i> - all serovars.		
<input type="checkbox"/> <i>Actinobacillus</i> - all species.			<input type="checkbox"/> <i>Listeria</i> - all species.		
<input type="checkbox"/> <i>Actinomycetaceae</i> - all members.			<input type="checkbox"/> <i>Mimae polymorpha</i> .		
<input type="checkbox"/> <i>Aeromonas hydrophila</i> .			<input type="checkbox"/> <i>Moraxella</i> - all species.		
<input type="checkbox"/> <i>Arachnia propionica</i> .			<input type="checkbox"/> <i>Mycobacterium</i> - all species.		
<input type="checkbox"/> <i>Arizona hinshawii</i> - all serotypes.			<input type="checkbox"/> <i>Mycoplasma</i> - all species.		
<input type="checkbox"/> <i>Bacillus anthracis</i> .			<input type="checkbox"/> <i>Neisseria gonorrhoeae</i> , <i>N. meningitidis</i> .		
<input type="checkbox"/> <i>Bacteroides spp.</i>			<input type="checkbox"/> <i>Nocardia asteroides</i> .		
<input type="checkbox"/> <i>Bartonella</i> - all species.			<input type="checkbox"/> <i>Pasteurella</i> - all species.		
<input type="checkbox"/> <i>Bordetella</i> - all species.			<input type="checkbox"/> <i>Plesiomonas shigelloides</i> .		
<input type="checkbox"/> <i>Borrelia recurrentis</i> , <i>B. vincenti</i> .			<input type="checkbox"/> <i>Proteus</i> - all species.		
<input type="checkbox"/> <i>Brucella</i> - all species.			<input type="checkbox"/> <i>Pseudomonas mallei</i> .		
<input type="checkbox"/> <i>Campylobacter (Vibrio) fetus</i> , <i>C. (Vibrio) jejuni</i> .			<input type="checkbox"/> <i>Pseudomonas pseudomallei</i> .		
<input type="checkbox"/> <i>Chlamydia psittaci</i> , <i>C. trachomatis</i> .			<input type="checkbox"/> <i>Salmonella</i> - all species and all serotypes.		
<input type="checkbox"/> <i>Clostridium botulinum</i> , <i>Cl. chauvoei</i> , <i>Cl. haemolyticum</i> , <i>Cl. histolyticum</i> , <i>Cl. novyi</i> , <i>Cl. septicum</i> , <i>Cl. tetani</i> .			<input type="checkbox"/> <i>Shigella</i> - all species and all serotypes.		
<input type="checkbox"/> <i>Corynebacterium diphtheriae</i> , <i>C. equi</i> , <i>C. haemolyticum</i> , <i>C. pseudotuberculosis</i> , <i>C. pyogenes</i> , <i>C. renale</i> .			<input type="checkbox"/> <i>Sphaerophorus necrophorus</i> .		

Bacterial Agent	Concentration	Quantity	Bacterial Agent	Concentration	Quantity
[] <i>Edwardsiella tarda</i> .			[] <i>Staphylococcus aureus</i> .		
[] <i>Erysipelothrix insidiosa</i> .			[] <i>Streptobacillus moniliformis</i> .		
[] <i>Escherichia coli</i> , all enteropathogenic serotypes.			[] <i>Streptococcus pneumoniae</i> .		
[] <i>Francisella [Pasteurella] Tularensis</i> .			[] <i>Streptococcus pyogenes</i> .		
[] <i>Haemophilus ducreyi</i> , <i>H. influenzae</i> .			[] <i>Treponema carereum</i> , <i>T. pallidum</i> , and <i>T. pertenue</i> .		
[] <i>Klebsiella</i> - all species and all serotypes.			[] <i>Vibrio cholerae</i> , <i>V. parahaemolyticus</i>		
[] <i>Legionella</i> - all species and all Legionella-like organisms.			[] <i>Yersinia (Pasteurella) pestis</i> , <i>Y. enterocolitica</i> .		

Fungal Agents	Concentration	Quantity	Fungal Agents	Concentration	Quantity
[] <i>Blastomyces dermatitidis</i> .			[] <i>Histoplasma capsulatum</i> .		
[] <i>Coccidioides immitis</i> .			[] <i>Paracoccidioides brasiliensis</i> .		
[] <i>Cryptococcus neoformans</i> .					

Viral and Rickettsial Agents	Concentration	Quantity	Viral and Rickettsial Agents	Concentration	Quantity
[] <i>Adenoviruses</i> - human - all types.			[] Measles virus.		
[] <i>Arboviruses</i> - all types.			[] Mumps virus.		
[] <i>Coxiella burnetii</i> .			[] Parainfluenza viruses - all types.		
[] Coxsackie A and B viruses - all types.			[] Polioviruses - all types.		
[] Creutzfeldt - Jacob agent.			[] Rabies virus - all strains.		
[] Cytomegaloviruses.			[] Reoviruses - all types.		
[] <i>Dengue viruses</i> - all types.			[] Respiratory syncytial virus.		
[] <i>Ebola viruses</i> .			[] Rhinoviruses - all types.		
[] <i>Echoviruses</i> - all types.			[] <i>Rickettsia</i> - all species.		
[] Encephalomyocarditis virus.			[] <i>Rocha limaea quintana</i> .		

Viral and Rickettsial Agents	Concentration	Quantity	Viral and Rickettsial Agents	Concentration	Quantity
<input type="checkbox"/> Hemorrhagic fever agents including , <i>but not limited to, Crimean hemorrhagic fever (Congo), Junin, Machupo viruses, and Korean hemorrhagic fever viruses.</i>			<input type="checkbox"/> Rotaviruses - all types. Rubella virus. Simian virus 40.		
<input type="checkbox"/> Hepatitis associated materials (hepatitis A, hepatitis B, hepatitis nonA-nonB).			<input type="checkbox"/> Tick - borne encephalitis virus complex, including Russian spring-summer encephalitis, Kyasanur forest disease, Omsk hemorrhagic fever, and Central European encephalitis viruses.		
<input type="checkbox"/> Herpesvirus - all members.			<input type="checkbox"/> Vaccinia virus.		
<input type="checkbox"/> Infectious bronchitis - like virus.			<input type="checkbox"/> Varicella virus.		
<input type="checkbox"/> Influenza viruses - all types.			<input type="checkbox"/> Variola major and Variola minor viruses		
<input type="checkbox"/> Kuru agent.			<input type="checkbox"/> Vesicular stomatis viruses - all types		
<input type="checkbox"/> Lassa virus.			<input type="checkbox"/> White pox viruses.		
<input type="checkbox"/> Lymphocytic choriomeningitis virus.			<input type="checkbox"/> Yellow fever virus.		
<input type="checkbox"/> Marburg virus					

Recombinant organisms/molecules (Requires BNL Recombinant Committee Approval)

- List genetically modified microorganisms or genetic elements from organisms on the select agent list, shown to produce or encode for a factor associated with a disease:
- List genetically modified microorganisms or genetic elements that contain nucleic acid sequences coding for any of the toxins listed in the select agent list, or their toxic subunits:

Other restrictions

If you listed any of the above agents, organisms, or molecules, please check all that apply.

- ☐ Absolute minimum amount of the material kept on site.
- ☐ A 'real time' log is kept on the amounts of the material on hand.
- ☐ Materials are locked up or under your direct control at all times while at C-AD facilities.
- ☐ All authorized users are under my direct supervisory control.
- ☐ The agents, microorganisms or molecules are locked after hours, on weekends and when no one is in the facility.
- ☐ All Biohazard/Biomedical Waste shall be returned to Medical or Biology Department.

Highly Toxic Chemicals information

List all Controlled Substances, highly toxic gases and/or toxic chemicals (i.e. organo-metallic and arsenic) you intend to bring to C-AD facilities:

Chemical name	Concentration	Quantity
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